

Person Filing: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO _____

Respondent: _____ **AFFIDAVIT OF FINANCIAL INFORMATION**
of [] Petitioner or [] Respondent

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

Date: _____ Signature of Person Making Affidavit: _____

INSTRUCTIONS:

- 1. Complete the entire Affidavit by printing in blue ink or typing. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers, and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.*
- 2. Answer the following statements "YES" or "NO". If you mark "NO", explain your answer on a separate piece of paper and attach the explanation to the Affidavit.*

- ☐ YES ☐ NO 1. I listed all sources of my income.
☐ YES ☐ NO 2. I attached copies of my two (2) most recent pay stubs.
☐ YES ☐ NO 3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
- B. Current Address: _____
- C. Date of Marriage: _____ Date of Divorce: _____
- D. Last date when I and the other party lived together: _____
- E. Full names of child(ren) common to the parties (in this case), their dates of birth, and Social Security Number(s) (last 4 digits only):
- | Name | Date of Birth | Social Security Number |
|-------|---------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- F. The name, date of birth, relationship to me, and gross monthly income for each individual who lives in my household:
- | Name | Date of Birth | Relationship to Me | Income |
|-------|---------------|--------------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- G. Any other person for whom I contribute support:
- | Name | Age | Relationship to Me | Resides with Me (Y/N) | Court Order to Support (Y/N) |
|-------|-------|--------------------|-----------------------|------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
- H. Attorney's Fees paid in this matter \$_____. Source of funds: _____

2. EMPLOYMENT INFORMATION:

- A. My job/occupation/profession/title: _____
 Current employer's name: _____
 Current employer's address: _____
 Date employment began: _____
 How often I am paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month
☐ Other: _____
- B. If I am not working, it is because: _____
- C. Previous employer's name: _____
 Previous employer's address: _____
 Previous job/occupation/profession/title: _____
 Date previous job began: _____ Date previous job ended: _____
 Reason I left job: _____

- Gross monthly pay at previous job: \$ _____
- D. Total gross income from last three (3) years' tax returns (*attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years*):
 Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- E. My total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. MY EDUCATION/TRAINING:

Name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

4. MY GROSS MONTHLY INCOME:

*List **all** income you receive from **any** source, whether private or governmental, taxable or not. List all income payable to you individually or payable jointly to you and your spouse. Use a monthly average for items that vary from month to month. Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.*

- | | | |
|----|--|----------|
| A. | Gross salary/wages per month | \$ _____ |
| | <i>Attach copies of your two most recent pay stubs.</i> | |
| | Rate of Pay \$ _____ per [] hour [] week [] month [] year | |
| B. | Expenses paid for by my employer: | |
| | 1. Automobile | \$ _____ |
| | 2. Auto expenses, such as gas, repairs, insurance | \$ _____ |
| | 3. Lodging | \$ _____ |
| | 4. Other (<i>Explain</i>): _____ | \$ _____ |
| C. | Commissions/Bonuses | \$ _____ |
| D. | Tips | \$ _____ |
| E. | Self-employment Income (See below) | \$ _____ |
| F. | Social Security benefits | \$ _____ |
| G. | Worker's compensation and/or disability income | \$ _____ |
| H. | Unemployment compensation | \$ _____ |
| I. | Gifts/Prizes | \$ _____ |
| J. | Payments from prior spouse | \$ _____ |
| K. | Rental income (net after expenses) | \$ _____ |
| L. | Contributions to household living expense by others | \$ _____ |
| M. | Other (<i>Explain. Include dividends, pensions, interest, trust income, annuities.</i>): | \$ _____ |
| | _____ | \$ _____ |
| | TOTAL: | \$ _____ |

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self-employed, provide the following information:

Business name: _____
Business address: _____
Business phone number: _____
Type of business entity: _____
State and date of incorporation: _____
Nature of my interest: _____
Nature of business: _____
Percent ownership: _____
Number of shares of stock: _____
Total issued and outstanding shares: _____
Gross sales/revenue last 12 months: _____

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

DO NOT LIST any expenses for the other party, or child(ren) who live(s) with the other party, ***unless*** you are paying those expenses. Use a monthly average for items that vary from month to month. If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. Health Insurance:

1. Total monthly cost \$ _____
2. Premium cost to insure me alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. All people covered by my insurance coverage: _____

5. Name of insurance company and Policy/Group Number: _____

B. Dental/Vision Insurance:

1. Total monthly cost \$ _____
2. Premium cost to insure me alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. All people covered by my insurance coverage: _____

5. Name of insurance company and Policy/Group Number: _____

C. Unreimbursed Medical and Dental Expenses: *(Cost to you after, or in addition to, any insurance reimbursement)*

1. Drugs and medical supplies \$ _____
2. Other: _____ \$ _____
TOTAL: \$ _____

D. Child Care Costs:

1. Total monthly child care costs *(Do not include amounts paid by D.E.S.)* \$ _____
2. Name(s) of child(ren) cared for and amount per child:
_____ \$ _____
_____ \$ _____
_____ \$ _____
3. Name(s) and address(es) of child care provider(s):

E. Employer Pretax Program:

☐ YES ☐ NO: I participate in an employer program for pretax payment of child care expenses (Cafeteria Plan).

F. Court-Ordered Child Support:

1. Court-ordered current child support for child(ren) *not common to the parties* \$ _____
2. Amount of any arrears payment \$ _____
3. Amount per month actually paid in last 12 mos. \$ _____
(Attach proof that you are paying)
4. Name(s) and relationship of minor child(ren) who I support or who live with me, but are *not* common to the parties.

G. Court-Ordered Spousal Maintenance/Support (Alimony):

1. Court-ordered spousal maintenance/support I actually pay to previous spouse: \$ _____

H. Extraordinary Expenses :

1. For Children (Educational Expense/Special Needs/Other) *(Explain)*:
_____ \$ _____
2. For self *(Explain)*: _____ \$ _____

Both parties must answer items 7 and 8 if either party is requesting: Spousal maintenance, Division of expenses, Attorneys' fees and costs, or Adjustment or deviation from the child support amount.

7. SCHEDULE OF ALL MONTHLY EXPENSES:

Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses. Use a monthly average for items that vary from month to month. If you are listing anticipated expenses, indicate this by putting an asterisk () next to the estimated amount.*

A. Housing Expenses:

1. House payment:
 - a. First mortgage \$ _____
 - b. Second mortgage \$ _____
 - c. Homeowners association fee \$ _____
 - d. Rent \$ _____
 2. Repair and upkeep \$ _____
 3. Yard work/Pool/Pest control \$ _____
 4. Insurance and taxes not included in house payment \$ _____
 5. Other (*Explain*): _____ \$ _____
- TOTAL:** \$ _____

B. Utilities:

1. Water, sewer, and garbage \$ _____
 2. Electricity \$ _____
 3. Gas \$ _____
 4. Telephone \$ _____
 5. Mobile phone/pager \$ _____
 6. Internet provider \$ _____
 7. Cable/Satellite television \$ _____
 8. Other (*Explain*): _____ \$ _____
- TOTAL:** \$ _____

C. Food:

1. Food, milk, and household supplies \$ _____
 2. School lunches \$ _____
 3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. Clothing:

1. Clothing for me \$ _____
 2. Uniforms or special work clothes \$ _____
 3. Clothing for children living with me \$ _____
 4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. Transportation or Automobile Expenses:

1. Car insurance \$ _____
 2. List all cars and individuals covered:

 3. Car payment, if any \$ _____
 4. Car repair and maintenance \$ _____
 5. Gas and oil \$ _____
 6. Bus fare/parking fees \$ _____
 7. Other (*Explain*): _____ \$ _____
- TOTAL:** \$ _____

F. Miscellaneous:

- | | | |
|---------------|---|----------|
| 1. | School and school supplies | \$ _____ |
| 2. | School activities or fees | \$ _____ |
| 3. | Extracurricular activities of child(ren) | \$ _____ |
| 4. | Church/contributions | \$ _____ |
| 5. | Newspapers, magazines, and books | \$ _____ |
| 6. | Barber and beauty shop | \$ _____ |
| 7. | Life insurance (beneficiary: _____) | \$ _____ |
| 8. | Disability insurance | \$ _____ |
| 9. | Recreation/entertainment | \$ _____ |
| 10. | Child(ren)'s allowance(s) | \$ _____ |
| 11. | Union/Professional dues | \$ _____ |
| 12. | Voluntary retirement contributions and savings deductions | \$ _____ |
| 13. | Family gifts | \$ _____ |
| 14. | Pet expenses | \$ _____ |
| 15. | Cigarettes | \$ _____ |
| 16. | Alcohol | \$ _____ |
| TOTAL: | | \$ _____ |

8. OUTSTANDING DEBTS AND ACCOUNTS:

*List all debts and installment payments you currently owe, but **do not include items listed in Item 8** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.*

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of My Last Payment	Amount of My Payment